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IMPORTANT NOTICE
TELECOPY/FACSIMILE COVER LETTER

TO: U.S. Patent and Trademark Office
Examiner: John P. Sheehan
Art Unit: 1742

DATE: April 14, 2006

FROM: Dariusz G. Adli

TIME: _____

TOTAL NO. OF PAGES, INCLUDING COVER: 20

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MESSAGE:

Patent Application No.: 10/675,912 ; Our Ref. 81864.0025

I hereby certify that the following documents:

- ☒ Amendment Transmittal Letter/ Amendment
- ☒ Terminal Disclaimer to Obviate Double Patent Rejection in duplicate is enclosed.
- ☒ Petition for Extension of Time with one month Extension Fee

are being facsimiled to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450., for filing in the above-identified application.

April 14, 2006
Date of Deposit

Firoozeh Vakilzadeh
Firoozeh Vakilzadeh

TELECOPY/FAX NUMBER: (571) 273-8300 ART UNIT 1742

CLIENT NUMBER: 81864.0025

ATTORNEY BILLING NUMBER: 5214

CONFIRMATION NUMBER: Please return fax to Firoozeh Vakilzadeh (Rosa)

FORM PTO-1083
Appl. No. 10/675,912

PATENT
Attorney Docket No. 81864.0025
Customer No. 26021

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Gouichi NISHIZAWA, et al.

Serial No: 10/675,912

Confirmation No.: 2084

Filed: September 29, 2003

For: R-T-B System Rare Earth Permanent Magnet
and Compound for Magnet

Art Unit: 1742

Examiner: John P. Sheehan

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Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is a Response to Restriction Requirement.

- ☒ Terminal Disclaimer to Obviate Double Patent Rejection in duplicate is enclosed.
☒ Petition for Extension of Time (one month).

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	11	-	20	0	LG=\$50 SM=\$25	\$ 0
INDEPENDENT CLAIMS FEE	2	-	3	0	LG=\$200 SM=\$100	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180	\$ 0
TOTAL						\$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.


*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☒ Please charge the fee of **\$130** for Terminal Disclaimer to Obviate Double Patent Rejection to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
- ☒ Please charge the fee of \$120 to cover the one month extension fee to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Date: April 14, 2006

Blitmore Tower
500 South Grand Avenue, Suite 1900
Los Angeles, California 90071
Telephone: 213 337-6700
Facsimile: 213 337-6701

Respectfully submitted,
HOGAN & HARTSON L.L.P.

By: 
Dariush G. Adli
Registration No 51,386
Attorneys for Applicants

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Appl. No. 10/675,912

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